

**MICHIGAN’S “BUILDING TRAINING...BUILDING QUALITY”  
PERSONAL AND HOME CARE AIDE STATE TRAINING  
PROGRAM  
A Federal Training Demonstration**

**Executive Summary  
For the Michigan Office of Services to the Aging**

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## **Executive Summary**

### **Michigan Personal and Home Care Aide State Training Project: Building Training...Building Quality Overview**

This executive summary provides an overview of the Michigan Personal Home Care Aide State Training (PHCAST) demonstration project, referred to as Building Training...Building Quality (BTBQ), which was conducted between 2010 and 2013 across the state of Michigan. PHCAST stemmed from a Congressional commitment to invest in the personal care aide (PCA) workforce through the Affordable Care Act, as well as the Institute of Medicine's recommendations to increase the size and skill-level of all direct care workers. It was funded by the U.S. Congress and administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing. The purpose of PHCAST was to develop, implement and evaluate a "gold standard" training program for PCAs who provide long-term supports and services (LTSS) to older adults and persons with disabilities; one that can serve as an evidence-based model for the nation.

Michigan was one of six states awarded a PHCAST grant. This overview and the subsequent recommendations are respectfully presented as a tool to guide the development and dissemination of such a standardized PCA training program for PCAs in Michigan and elsewhere. Because of PHCAST-BTBQ, Michigan is in an excellent position to be a leader in adopting policies that can address national goals for meeting care gaps and improving health and long-term care, at lower costs for older adults and persons with disabilities who wish to live at home.

Older adults represent the fastest growing population in the United States. PCAs provide the majority of paid in-home LTSS that make it possible for them to remain at home, including assistance with tasks of daily living such as bathing, dressing, cooking, and transportation. As such, they constitute one of the fastest growing occupations and have unrealized potential to improve the quality of care and the health of their clients. Demand for PCAs is expected to double by 2022, and the state of Michigan must be prepared to meet this demand.

However, no federal PCA competency or training requirements currently exist; therefore many PCAs work without formal training or credentials, creating a potentially suboptimal care environment. At the state level, PCA training requirements are minimal, varying widely across a range of state programs. There is no competency determination process. We strongly encourage interested stakeholders to review the full report at [www.michigan.gov/osa](http://www.michigan.gov/osa).

## Michigan PHCAST Accomplishments

Led by OSA, the Michigan PHCAST project partnered with Michigan State University (MSU) and PHI, a national organization dedicated to quality care through quality jobs. A registered nurse (RN) Project Director was hired. Six Michigan Medicaid Waiver program (MI Choice) waiver agents in five regions participated along with community collaborators who served on competency and curriculum workgroups and in other capacities (see full report). The following objectives were achieved:

- Developed a **77-hour Michigan PCA core training** program that is being finalized for dissemination among organizations seeking to train the PCA workforce.
- Trained **393 people to become PCAs**, using the core curriculum.
- Developed competency evaluation protocols to ensure mastery of the skills needed to provide competent, person-centered LTSS.
- Trained and evaluated **296 PCAs** to support persons with dementia.
- Trained and evaluated **193 PCAs** in home skills.
- Trained and evaluated **308 PCAs** in the prevention of adult abuse and neglect.
- Identified and trained a cohort of over **44 PCA trainers, (28 are core trainers)** from across the state of Michigan who are ready to train PCAs in the core curriculum content.
- Developed a **diverse collaborative network** among key stakeholders across the state of Michigan to disseminate the training program.

Key to the success of this community-based project was the voluntary involvement from across the state of more than 56 advisory members who participated in competency and curriculum workgroups. These members ensured that the new Michigan PCA curriculum accurately reflected the needs of older adults and persons with disabilities within MI Choice. This project incorporated expert-level best practices in the form of adult-learner educational methods for delivering supports and services. The broad-based workgroup members, facilitated by a curriculum specialist, included experienced community health nurses, social workers, agency owners, waiver agency personnel, PCAs, participants receiving MI Choice supports and services, and others committed to the goal of a trained, competent workforce.

## Scientific Results

In addition to training and preparing 1,190 PCAs to care for older adults and persons with disabilities, the Michigan PHCAST-BTBQ project included a robust evaluation using a randomized control group and multiple methods of primary data collection to determine program impact. To our knowledge, the Michigan PHCAST-BTBQ project provided the strongest and highest levels of scientific rigor associated with training the PCA workforce to date. Results from this study will prove foundational.

Findings from both quantitative and qualitative data analyses provide evidence that the Michigan PHCAST project resulted in:

- **Significant knowledge gained:** In topics in all 22 core modules, significant knowledge was gained. This held true across all learner subgroups including those referred by the Michigan Works! Association (MI Works!), those who were employed, unemployed, certified nursing assistants, and those in the field more than five years. Knowledge gains among those in the field over five years indicate value added regardless of prior training or experience.
- **Significant skills gained:** In addition to demonstrating required skills, almost all learners (91%) believe new skills were mastered and 94% feel better able to support participants in maintaining or improving self-care (Figure 1). Surveys and focus groups confirmed that BTBQ graduates' confidence and their perceptions of their own PCA skills were substantially improved. One graduate stated that he wished he had had this training years ago prior to beginning work as a PCA.

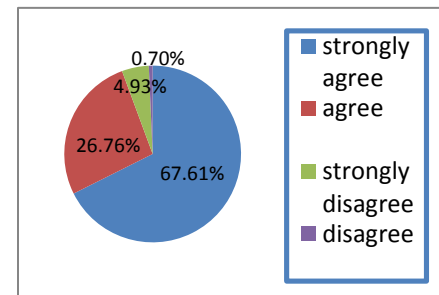


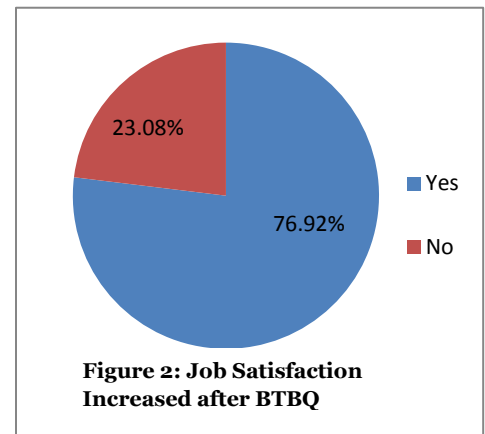
Figure 1: “I can care for a client better after BTBQ.”

***“Participating in the BTBQ training meant a lot to me. I am at a place where I needed, wanted to get back on my feet for me and my children. Not just health wise but financially. Now I can...I look forward to pursuing my career in the health field and helping others.”***

- **Improved job status for PCAs:** The unemployment rate dropped from 58% to 36% among BTBQ graduates. Numbers on Medicaid decreased from 40% to 24%. After training, more were employed in health care, in the MI Choice program, and as self-directed/self-employed workers. Thirteen percent stated BTBQ helped them get a job, 38% stated it helped them become a better PCA in the job they already had and 10% felt

they had advanced to a better job because of BTBQ. Nearly all (95%) believe the BTBQ training will help them get a job or a better job. Graduates made statements such as BTBQ has been a ***“game-changer,” “completely changed my career and life,” “opened up doors,” and “given me another chance.”***

- **Improved PCA Job Satisfaction:** In follow-up surveys, 77% stated that their job satisfaction improved due to BTBQ (Figure 2), and 99% would recommend BTBQ to others interested in becoming PCAs. Positive statements were repeatedly heard such as ***“One of the most important things I learned from BTBQ is that the work I do is important and to value myself.”***



- **Identified essential training features:** Graduates endorsed the BTBQ content, delivery and value; with 98% either satisfied or very satisfied. More than 90% believe the skills learned match what is required to do the job well, such as protecting confidentiality, cooking well-balanced meals, preventing the spread of germs, and responding in an emergency. Understanding the importance of person-centeredness increased and graduates unanimously agreed that two topics ***“should be mandatory for anyone working with the elderly”*** i.e. person-centeredness and communication skills, including how to establish professional boundaries.

## State Impact Results

Michigan now has an evidence-based, person-centered PCA training program that aligns with the needs of older adults across Michigan. Providing a competent, qualified PCA workforce should reduce overall cost of care by minimizing the likelihood of emergency room admission, hospitalization and long-term institutional care. This program meets recommended federal competency guidelines and includes core training modules that can be used to provide safe, high-quality; timely, person-centered, evidence-based care (see full report). This Michigan PHCAST program provides a gold standard for training PCAs which can be used for other states seeking improvements in quality, safety and affordability of care for older adults and persons with disabilities.

## Lessons Learned and Recommendations

The following points are offered to prepare the state of Michigan to train PCAs who provide care for older adults and persons with disabilities choosing to remain in their homes. Aging and disability stakeholder involvement is critical. Key to the success of the Michigan PHCAST project was the input of a diverse group of competency and curriculum

stakeholders. Additional stakeholders, including employers, will need to be on-board to take PCA workforce development to the next level. A major lesson learned in BTBQ was that effort must go into building relationships with employers. That includes sharing results, helping graduates find jobs, and listening and responding to the concerns and questions of employers in order to use employers as conduits for referring workers for training.

Other recommendations include:

- Person-centeredness and good communication skills are essential to high-quality PCA LTSS and should be at the heart of any PCA training program. Several BTBQ trainers had experience educating CNAs and offered side-by-side experiential comparison of the two trainings. All agreed that while some content overlaps, the focus on person-centeredness and home-based LTSS does not overlap and is necessary to PCA training.
- Also key are adult-learner teaching methods with emphasis on in-person, hands-on interactive exercises and time to practice.
- Although 77 hours of training produced significantly positive results, it is not enough time to prepare PCAs adequately for high quality, person-centered LTSS. We recommend a minimum of 120 hours for “gold-standard” training. Additional time is needed to go into more depth in some topic areas such as dementia and use of durable medical equipment. Additional topics are needed, such as first aid, cardiopulmonary resuscitation, administering medications, anatomy and physiology, professionalism and preparing to enter the job market.
- PCA competencies using adult-learner methods of instruction require that class sizes stay at approximately 12-14 learners per trainer. Fewer than 12 learners diminish the value of the group work and become financially unsustainable.
- Ongoing trainer recruitment and periodic train-the-trainer sessions to ensure an adequate supply of trainers is essential.
- Utilizing a fixed trainer payment regardless of class size presented a challenge. Throughout this project trainers were paid a daily rate regardless of class size. For one hour in the classroom, a trainer needs to spend approximately two hours preparing for the class. This formula may help others determine appropriate pay for trainers in the future.
- Identifying and addressing barriers to learning faced by learners, such as socio-economic status (e.g. availability of transportation, childcare, and literacy level), can minimize attrition and lead to higher employment, wages, job satisfaction, and retention.

- Provide classes at minimal or no cost to learners, many of whom could not afford CNA training, similar trainings, or state certification fees.
- Provide classes beyond 8 a.m. to 5 p.m. at central locations with bus line access.
- Ensure sufficient supplies are available at each training site for each learner to have maximum opportunity to practice more than once.
- Consider building in “real-life” personal care work experience in an actual LTSS home-based setting, perhaps as a practicum or internship requirement.
- PCA stipends, trainer fees, attendance requirements and code of conduct policies are important to establish and pilot before training begins to determine needed modifications.
- All forms/paperwork, supplies, durable medical equipment, training facilities and food for trainings must be organized well before the trainings begin and set up prior to the beginning of each class.
- Recognize graduates for their achievements. Provide them with a certificate of completion that is recognized by employers. The BTBQ certificate includes a list of all topics that graduates have mastered. In addition, a formal ceremony or event to mark the completion of training instills a sense of pride and professional identity.
- States interested in replicating BTBQ should establish a diverse advisory workgroup at the outset, with multiple partners including participants. They should develop a comprehensive communication plan that fosters positive relationships and trust.

### **Sustainability**

There is an ongoing need for pre-employment core PCA training. In Michigan, which currently has few PCA training requirements or infrastructure, the ability to establish training requirements is challenging. Current PCA training requirements in all 50 states and the District of Columbia are posted at [www.PHInational.org/Policy/States](http://www.PHInational.org/Policy/States). The BTBQ training program is a huge step in the right direction for both Michigan and the nation. Those who have been involved in this project are committed to continuing and expanding trainings, and to leveraging progress that has been made to build a sustainable statewide infrastructure in support of a trained PCA workforce.

However, these efforts are impeded at the federal level, as Medicaid reimbursement policies do not support pre-employment training of PCAs. In a July 2011 bulletin to State Medicaid Agencies, the Centers for Medicare & Medicaid Services (CMS) ruled, “Costs associated with requirements that are prerequisite to being a qualified Medicaid provider are not reimbursable by Medicaid. However, costs associated with maintaining status as a qualified provider may be included in determining the rate for services.” This language has been used to deny Medicaid funding for PCA pre-employment training in a Medicaid-waiver program.

## **Final Remarks**

Research findings support the value of the BTBQ training program. Michigan BTBQ team members and partners remain committed to the mission of the project and continue to pursue a range of venues for sustaining the relationships and progress made. As part of the sustainability plan, advocates need to push for policy changes to the CMS ruling that denies Medicaid funding for pre-employment training initiated for PCAs working in a Medicaid-waiver program. Advocacy needs to continue to support PCAs receiving a living wage.

Other specific goals include:

- Promote state recognition of standardized PCA training, such as BTBQ or an equivalent curriculum that meets specific basic criteria;
- Ensure that the training programs are affordable and any related costs are not prohibitive; implement methods to minimize costs such as cost-sharing options;
- Raise awareness of the difference between the BTBQ PCA training and CNA training, and find ways for the two programs to augment each other;
- Establish a statewide registry or database where employers and people who need supports and services can learn if a potential worker has completed recognized training;
- Offer incentives to employers for hiring trained workers; and
- Provide supportive services for PCAs, such as transportation and childcare, to promote workforce entry, job satisfaction, and retention.

This executive summary reflects a commitment to building the PCA workforce and an investment in high quality care for Michigan’s most vulnerable citizens. It presents highlights of the Michigan PHCAST-BTBQ, evaluation findings, and key lessons learned that will be of value to others interested in building a competent PCA workforce through an evidence-based training program. Review the full report at [www.michigan.gov/osa](http://www.michigan.gov/osa).